## Case 12-23339-lbr Doc 4 Entered 12/04/12 15:05:38 Page 1 of 8

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Jason W Hugle Amy D Hugle	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case N	fumber:	☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

## Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. $\square$ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than 2 for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six Column A Column B calendar months prior to filing the bankruptcy case, ending on the last day of the month before Debtor's Spouse's the filing. If the amount of monthly income varied during the six months, you must divide the Income **Income** six-month total by six, and enter the result on the appropriate line. 3 Gross wages, salary, tips, bonuses, overtime, commissions. 4.471.85 1.905.43 Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. 4 Debtor Spouse Gross receipts 0.00 0.00 Ordinary and necessary business expenses 0.00 \$ 0.00 Business income Subtract Line b from Line a 0.00 0.00 **Rents and other real property income.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. **Do not include any** part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse 5 0.00 0.00 Gross receipts b. Ordinary and necessary operating 0.00 0.00 Rent and other real property income Subtract Line b from Line a 0.00 \$ 0.00 6 Interest, dividends, and royalties. 0.00 0.00 7 Pension and retirement income. 0.00 0.00 Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that 8 purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; 0.00 0.00 if a payment is listed in Column A, do not report that payment in Column B. **Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A 9 or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ **0.00** Spouse \$ 0.00 0.00 \$ 0.00 Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or 10 domestic terrorism. Debtor Spouse Total and enter on Line 10 0.00 0.00 Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, 11 if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). 4,471.85 1,905.43

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		6,377.28			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	1				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.					
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and he (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankru					
	a. Enter debtor's state of residence: NV b. Enter debtor's household size:	2	\$	54,545.00		
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "Top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.  ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of the complete Parts IV, V, VI or VII.			ot arise" at the		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete I al t	517, 7, VI, and VI	i oi ulli	statement omy ii required	. (Bee Line 13.)		
	Part IV. CALCULA	ATION OF CUI	RREN	T MONTHLY INCOM	ME FOR § 707(b)(	2)	
16	Enter the amount from Line 12.					\$	6,377.28
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines bell spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zerola.	regular basis for the low the basis for exc s support of persons purpose. If necessary	househ luding to other th	old expenses of the debtor or he Column B income (such a an the debtor or the debtor's o lditional adjustments on a sep	the debtor's as payment of the dependents) and the		
	c. d.			\$  \$			
	Total and enter on Line 17			1.		\$	0.00
18	Current monthly income for § 70	<b>7(b)(2).</b> Subtract Li	ne 17 fi	om Line 16 and enter the res	ult.	\$	6,377.28
	Part V. C	ALCULATION	OF I	EDUCTIONS FROM	INCOME		
	Subpart A: Dec	ductions under St	andar	ds of the Internal Revenu	ie Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	1,029.00
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 year al. Allowance per person		a2.	Persons 65 years of age Allowance per person	144		
	b1. Number of persons	2	b2.	Number of persons	0		
	c1. Subtotal	120.00	c2.	Subtotal	0.00	\$	120.00
	Local Standards: housing and uti						
20A	Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or						
	the number that would currently be						
	any additional dependents whom y					\$	506.00

20B	Local Standards: housing and utilities; mortgage/rent expense. Elements of the bankruptcy of the number that would currently be allowed as exemptions on your feany additional dependents whom you support); enter on Line be the to debts secured by your home, as stated in Line 42; subtract Line be from the enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense be. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42  c. Net mortgage/rental expense  Local Standards: housing and utilities; adjustment. If you content 20B does not accurately compute the allowance to which you are entited.	nty and family size (this information is court) (the applicable family size consists of deral income tax return, plus the number of tal of the Average Monthly Payments for an m Line a and enter the result in Line 20B. D  \$ 1,526.0  \$ 1,454.0  Subtract Line b from Line a.  d that the process set out in Lines 20A and	y o	72.00
21	Standards, enter any additional amount to which you contend you are contention in the space below:	entitled, and state the basis for your	\$	0.00
22A	Local Standards: transportation; vehicle operation/public transp You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenincluded as a contribution to your household expenses in Line 8.  □ 0 □ 1 ■ 2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	of whether you pay the expenses of operating ses or for which the operating expenses are unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or		472.00
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transportation. (This amount is available at <a href="www.usdoj.gr">www.usdoj.gr</a> court.)		0.00	
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.)  ☐ 1 ☐ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy. Average Monthly Payments for any debts secured by Vehicle 1, as st and enter the result in Line 23. Do not enter an amount less than zero.	rship/lease expense for more than two the IRS Local Standards: Transportation court); enter in Line b the total of the ated in Line 42; subtract Line b from Line a		
	a. IRS Transportation Standards, Ownership Costs	\$ 517.0	0	
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 583.1	0	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	0.00
24	Local Standards: transportation ownership/lease expense; Vehicl the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Average Monthly Payments for any debts secured by Vehicle 2, as st and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs	e IRS Local Standards: Transportation court); enter in Line b the total of the ated in Line 42; subtract Line b from Line a		
	Average Monthly Payment for any debts secured by Vehicle			
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$ 0.0 Subtract Line b from Line a.	<u>9</u>    <sub>\$</sub>	517.00
25	Other Necessary Expenses: taxes. Enter the total average monthly estate and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	expense that you actually incur for all federa come taxes, self employment taxes, social	_	1,623.52

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$	0.00				
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$	0.00				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$	0.00				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child.  Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$	0.00				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	0.00				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$	0.00				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$	4,414.52				
	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
34	a. Health Insurance \$ 473.59						
	b. Disability Insurance \$ 72.24						
	c. Health Savings Account \$ 0.00	\$	545.83				
	Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$	\$	545.83				
35	Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:	\$	0.00				
35	Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such						

38	actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$ 0.00			
39	exper Stand or fro	nses exceed the combined allowardards, not to exceed 5% of those of	e. Enter the total average monthly amones for food and clothing (apparel an combined allowances. (This information and the curt.) You must demonstrate that the	d service on is ava	es) in the IRS ilable at www	National w.usdoj.gov/ust/	\$ 0.00
	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).						\$ 0.00
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40						\$ 545.83
		S	Subpart C: Deductions for De	bt Pay	ment		
42	and c amou bank	check whether the payment includents scheduled as contractually du	tify the property securing the debt, and lest taxes or insurance. The Average M te to each Secured Creditor in the 60 m cessary, list additional entries on a sep 2.  Property Securing the Debt	onthly F nonths fo arate pa	Payment is the ollowing the ge. Enter the age Monthly	e total of all filing of the total of the  Does payment	
					Payment	include taxes or insurance?	
			Single Family Home 3431 Mariner Beach Drive Las Vegas NV 89129				
	a.	Bank Of America, N.A.	To be Surrendered	\$	200.00	□yes ■no	
	,	Firethorne I Homeowners	Single Family Home 3431 Mariner Beach Drive Las Vegas NV 89129	¢.	00.00	□yes ■no	
	b.	Assn.	To be Surrendered Single Family Home 3431 Mariner Beach Drive Las Vegas NV 89129	\$	80.00	Liyes — no	
	c.	Wells Fargo Hm Mortgag	To be Surrendered	\$	1,174.00	■yes □no	
	d.	Wfds/Wds	2009 Honda Accord Approx. 40k miles	\$		□yes ■no	
					l: Add Lines		\$ 2,037.10
43	moto your paym sums	or vehicle, or other property necessification 1/60th of any amount (nents listed in Line 42, in order to in default that must be paid in or	If any of debts listed in Line 42 are sessary for your support or the support of (the "cure amount") that you must pay maintain possession of the property. der to avoid repossession or foreclosudditional entries on a separate page.	your de the cred The cure	pendents, yo litor in additio amount wou	u may include in on to the ld include any	
		Name of Creditor -NONE-	Property Securing the Debt	\$	1/60th of th	e Cure Amount	
	a.	-I4OI4E-		φ	T	otal: Add Lines	\$ 0.00
44	prior		tims. Enter the total amount, divided by claims, for which you were liable at the sas those set out in Line 28.				\$ 0.0

 $<sup>^{*}</sup>$  Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a. Projected average monthly Chapter 13 plan payment. \$ 0.00			
45	a. Projected average monthly Chapter 13 plan payment. \$ 0.00  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)			
	c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b	\$ 0.00		
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$ 2,037.10		
	Subpart D: Total Deductions from Income			
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$ 6,997.45		
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION			
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$ 6,377.28		
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 6,997.45		
50	0 Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.			
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$ -37,210.20		
	Initial presumption determination. Check the applicable box and proceed as directed.			
52	statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remain.  The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (I			
	The amount on Line 51 is at least \$7,025", but not more than \$11,725". Complete the remainder of Part VI (1			
53	Enter the amount of your total non-priority unsecured debt			
53 54		Lines 53 through 55).		
	Enter the amount of your total non-priority unsecured debt	Lines 53 through 55).		
	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.	\$ \$ se" at the top of page		
54	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise."	\$ \$ se" at the top of page		
54	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.	\$ \$ se" at the top of page		
54	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	\$ \$ \$ se" at the top of page tion arises" at the top  the health and welfare ander §		
55	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income to 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average	se" at the top of page tion arises" at the top  e health and welfare under § monthly expense for		
55	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income to 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.  Expense Description  Expense Description  Monthly Amountal 401k Loan  Monthly Amountal 401k Loan	se" at the top of page tion arises" at the top  the health and welfare ander § monthly expense for		
55	Enter the amount of your total non-priority unsecured debt  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income to 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.  Expense Description  Expense Description  Monthly Amountable Loan  Secondary presumption to Line 53 by the number 0.25 and enter the result.	se" at the top of page tion arises" at the top  the health and welfare ander § monthly expense for		
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## **Part VIII. VERIFICATION**

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	must sign.)				
	,	Date:	December 4, 2012	Signature:	/s/ Jason W Hugle
					Jason W Hugle
57					(Debtor)
		Date:	December 4, 2012	Signature	/s/ Amy D Hugle
					Amy D Hugle
					(Joint Debtor, if any)